Evidence-based policies and practices in smoking cessation | Webinar Recap

Overview of Webinar

Building upon the findings and recommendations of the **2023 National Conference on Tobacco and Vaping**, this interactive webinar series aimed to bring together professionals working in the tobacco control and vaping sectors to provide practical areas for collaboration and action across Canada.

This webinar, made possible through an unrestricted educational grant from Kenvue Canada Inc., explored evidence-based practices and policies in smoking cessation to meet the needs of today's Canadian tobacco users. This session examined the demographics of, and challenges that the current Canadian population of tobacco users face. It also highlighted evidence- based and client-centered approaches that can be applied in healthcare and community settings.

"Over 60% of Canadian smokers have attempted to quit in the past year, with approximately 20% of quit attempts being successful at the one-year mark"
(Zawertailo et al., 2019)

Learning Objectives

- To increase knowledge of:
  - characteristics, needs and challenges of Canadian tobacco users;
  - evidence-based smoking cessation approaches;
  - policies that can be implemented to increase accessibility to smoking cessation supports and increase overall quit attempts;
  - the STOP Program and how it can be implemented in settings across Canada;
  - programs and practices being used by other webinar attendees across Canada.

Presenters

Dr. Peter Selby is a Senior Scientist and Senior Medical Consultant at the Centre for Addiction and Mental Health (CAMH). His research focuses on innovative methods to understand and treat addictive behaviours and their comorbidities. He uses technology to combine clinical medicine and public health methods to scale up and test health interventions.

Dr. Peter Selby
Speaker, CAMH

Rosa Dragonetti is the Project Director of Addictions Education and Research at CAMH. She led the development of an extensive online program offering several courses to support the certificate program, and developed treatment protocols and manuals.

Rosa Dragonetti
Moderator, CAMH

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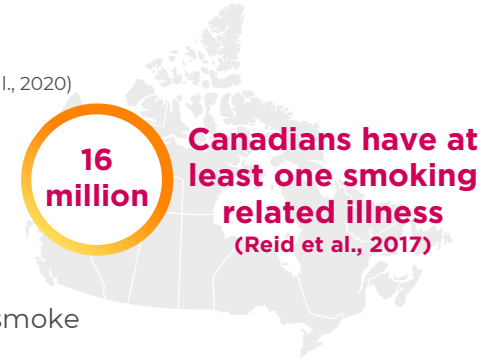
Demographics

- Smoking is responsible for **~46,000 deaths** (CSUCH, 2020) and **30% of cancer deaths** in Canada (Poirer et al., 2020)
- The economic burden of tobacco use is estimated at **$11.2 billion annually**, including **$5.4 billion** in direct healthcare costs (Poirer et al., 2020)

- **11% of Canadians** (age 15+) currently smoke cigarettes
  - 13% males and 9% females (CTNS, 2022)
  - Rates are higher among young adults, Indigenous populations, and immigrants from high-prevalence countries (CTNS, 2022; Statcan, 2019)



- **4.2% of youth** (age 15-19) currently smoke and 3.2% occasionally smoke
  - Current and occasional use down from 5% in 2019 (CTNS, 2022; 2019)

Smoked in their lifetime:
- 10% youth
- 27% young adults
- 52% adults

Smoked in the last 30 days:
- 8% young adults (down from 10% in 2021)
- 5% men; 3% women

LGBTQ2S+ youth more likely to report smoking (8%)

Vaped in their lifetime:
- 30% youth
- 48% young adults
- 15% adults

Vaped in the last 30 days:
- 20% young adults (up from 13% in 2020)
- 23% men; 17% women

LGBTQ2S+ youth more likely to report vaping (22%)

(CTNS, 2022)

Evidence Based Smoking Cessation Approaches

- Behavioural support and counselling can help smokers overcome the challenges of quitting and achieve long-term abstinence (Eisenberg et al., 2008; Zawertailo et al., 2019)

- The 5 A's model presents the major steps in providing a brief intervention in a health care setting: **Ask, Advise, Assess, Assist, Arrange**

- Intensive clinical intervention (4+ visits of at least 10 minutes) is more effective than the 5 A's

- **Pharmacotherapies have been shown to increase the chances of successful quitting**
- **People with a target quit date are >10% more likely to have quit smoking at 6 months follow up**
- **Interventions as brief as 3 minutes can increase cessation rates significantly**

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Approved medications in Canada:

- Nicotine replacement therapy (NRT)
- Varenicline
- Bupropion
- Cytisine

Harm reduction policies:

- Smoke free ordinances
- Pricing and taxation
- Tobacco industry de-normalization
- Age restrictions
- Plain packaging
- Sales outlet density
- Free safe supply of nicotine products

- **Most effective and safe first-line treatments are:**
  - **Varenicline**
  - **Combination NRT patch and short acting NRT.** (Krist et al., 2021)
- Advantages of medications:
  - Increased likelihood of success and confidence
  - Safer than smoking
  - Treats acute withdrawal (the main reason for relapse)
  - Limits cravings
  - Reduces the risk of relapse
- Lower-Risk Nicotine Use Guidelines
  - Include an Evidence Brief for healthcare providers and Quick Tips for clients to lower health risks when using nicotine
- Lowering nicotine content in cigarettes has the potential to:
  - Decrease uptake of regular smoking;
  - Decrease the amount of people who smoke;
  - Increase likelihood of smoking cessation (Donny & White, 2022)
- E-Cigarettes:
  - Non-combustible delivery of nicotine reduces harms
  - Nicotine is not a classified carcinogen and clinical trials report no increased risk of CVD or other detrimental health effects associated with nicotine intake

Policies that increase access to smoking cessation support

1 Making pharmacotherapies accessible

Provincial governments should remove restrictions on smoking cessation pharmacotherapy coverage.

2 Screening

Clinicians should offer all patients who use tobacco at least a brief intervention.

3 Clinical Guidelines

Efforts are needed to update and adapt the 10-year old CAN-ADAPTT guidelines.

4 Interventions for smoking cessation in hospitalized patients

Ottawa Model for Smoking Cessation should be used consistently in hospitals across Canada.

5 Geographic barriers

Barriers for remote communities can be reduced by changing the way medications are recommended and provided (e.g., mailing out medications)

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Smoking Treatment for Ontario Patients (STOP) Program

STOP is currently available across Ontario and can be scaled to other provinces.

STOP Program has treated >400,000 people

- **Aims to revolutionize how smoking cessation treatment is delivered, increase access to free treatment for Ontario smokers, and build practitioner and system capacity for delivering treatment**
- Intended outcomes are to decrease prevalence of smoking in clinical practice and in Ontario
- STOP Portal is a software application that uses clinical decision trees designed by clinicians and researchers to deliver quality care

Direct-to-patient model:

- Fully virtual
- Accessible from anywhere with basic connectivity
- No healthcare practitioner involvement in implementation (public health approach)
- Plug-in mail delivery of medication (provides NRT procurement and distribution in Canada)

Healthcare provider mediated model:

- Embedded within clinics
- Plug into healthcare practitioners (HCP) mediated clinic encounters with patients
- Fully in-person, or hybrid of virtual & in-person
- Implementation training and on-demand support for HCPs

How does it work?

1. The patient/client fills out the intake assessment tools in the Portal. Simply share the link to the Portal with your patients/clients.
2. The Portal software executes clinical decision trees and presents care recommendations on-screen, in real-time, for risk factors commonly observed among those who smoke cigarettes.
3. Healthcare providers or staff implement the recommendations.
4. The Portal sends automated follow-ups to patients/clients to record outcomes and reconnect with treatment if they relapse to smoking.

Supporting Resources

Canadian Public Health Association: cpha.ca/resources
INTREPID Lab at CAMH: intrepidlab.ca/en
Kenvue: kenvue.com

Made possible through an unrestricted educational grant from Kenvue Canada Inc.

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